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## PART B - FEE(S) TRANSMITTAL

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(Depositor's pame) Doreen Salter Setter Doren (Signature) July 28, (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 10/085.075      | 03/01/2002  | Peter C. Strickland  | 137P36US-1          | 9132             |  |

TITLE OF INVENTION: RECTANGULAR PARABOLOID TRUNCATION WALL

| APPLN, TYPE   | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE   | TOTAL FEE(S) DUE          | DATE DUE   |
|---|--------------|-----------|---|---------------------------|------------|
| nonprovisional  | NO           | \$1300    | \$300   | \$1600                    | 08/06/2003 |
| EXAMINER  |              | ART UNIT  | CLASS-SUBCLASS  |                           |            |
| PHAN, THO GIA   |              | 2821      | 343-840000  |                           |            |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence)      |              |           | 2. For printing on the patent from the names of up to 3 registered or agents OR, alternatively, (2) | the nume of a             | O COHEN    |
| Address form PTO/SB/122) attached.  |              |           | single firm (having as a member a registered attorney or agent) and the names of up to 2            |                           | R. Haszko  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form<br>PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer<br>Number is required. |              |           | registered patent attorneys or age<br>is listed, no name will be printed.                           | ents. If no name . Harold | C. Baker   |

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| Please check the appropriate assignee category or categori | es (will not be printed on the patent)   |  |  |  |  |
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